## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

appropriate. All further	correspondence including ed below or directed off	io the	Patent advance of	JE FEE and PUBLICAT rders and notification of a specifying a new corresponding to the corresp	maintenance feet v	vill he	mailed to the current	correspondence ad	denna a
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
28213	IIay								
DLA PIPER LLP (US) 4365 EXECUTIVE DRIVE SUITE 1100 SAN DIEGO, CA 92121-2133					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SAN DIEGO, C	A 92121-2133				Aldon Griff	is,	1.1	(Deposito	or's name)
						1	tanth	145 6	Signature)
					November 1	9, 2	010	71//	(Date)
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR	MED INVENTOR ATTORNEY DOCKET NO. C			CONTENDA A MICON	
			<u> </u>					CONFIRMATION NO.	
09/113,924 07/09/1998 DAVID R. BRIGSTOCK 08766/003002 8612 TITLE OF INVENTION: ANTIBODIES TO HEPARIN-BINDING GROWTH FACTOR (HBGF) POLYPEPTIDES									
TITLE OF INVENTION	: ANTIBODIES TO HE	PAKIN	-BINDING GRO	WTH FACTOR (HBGF) I	OLYPEPTIDES				
5 2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5									
n APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	E
nonprovisional	YES		\$755	\$300	\$0	\$1055		11/26/2010	
EXAMINER			ART UNIT	CLASS-SUBCLASS					
SPECTOR, LORRAINE 1647			1647	530-388240	•				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
Number is required.	AD DECIDENCE DATE			listed, no name will be					
PLEASE NOTE: Unle	ess an assignee is identi	fied be	elow no assignee	THE PATENT (print or typedata will appear on the particular partic	atent If an accion	ee is id	entified below the do	ocument has been f	filed for
recordation as set form	1 III 37 CFR 3.11. Comp	letion	of this form is NO	I a substitute for filing an	assignment.			cument has occur	ned for
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Childrens Hospital Research Foundation  Columbus. Ohio									
Childrens H	ospital kesear	on Fo	oundation	Columbus, Oh	10				
Please check the appropri	ate assignee category or	catego	ries (will not be pr	inted on the patent):	Individual Co	rporatio	on or other private gro	up entity Gove	rnment
4a. The following fee(s) a	are submitted:		<b>4</b> b	. Payment of Fee(s): (Plea	se first reapply an	y prev	iously paid issue fee s	hown above)	
<ul><li>Issue Fee</li><li>Publication Fee (N</li></ul>	A check is enclosed.	1 77							
Advance Order - #	Payment by credit care The Director is hereby	ayment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any repayment, to Deposit Account Number07-1896 (enclose an extra copy of this form).							
	or copies			overpayment, to Depo	sit Account Numbe	r 07	-1896 (enclose ar	extra copy of this	ny form).
<ol> <li>Change in Entity Stat</li> <li>a. Applicant claims</li> </ol>	us (from status indicated SMALL ENTITY statu			b. Applicant is no long	ger claiming SMAL	L ENT	TTY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeecords of the United State	ired) v	vill not be accepted	from anyone other than the	ne applicant; a regis	stered a	ttorney or agent; or th	assignee or other	party in
Authorized Signature	Lish!	aile		DateNov	embe	r 19, 2010			
Typed or printed name	Lisa A. Haile	D., Ph.D.		Registration No.					
submitting the completed	application form to the	USPT	O. Time will vary	n is required to obtain or n 1.14. This collection is est depending upon the indiv Chief Information Office	mated to take 12 n	ninutes mments	to complete, including	g gathering, prepari	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.